2012 Home Care Information Exchange
Colorado Department of Public Health & Environment
4300 Cherry Creek Drive South
Sabin-Cleere Conference Room

April 4, 2012
1pm – 3pm

1. Call access number is 1-218-936-7930
2. Enter the pin number: 6922901 followed by # key
3. Announce yourself and mute your phone when not speaking
    If you have any connection problems, please reach out to Elaine McManis. Guinevere Blodgett will not have access to e-mail and will be unable to address any connection problems.

I.	Colorado Department of Public Health and Environment Updates	1:00 – 1:10
II.	Colorado Department of Health Care Policy & Financing	1:10 – 1:20
III.	Alzheimer's Association of Colorado Presentation	1:20 – 1:40
IV.	Telehealth Presentation (Ideal Life)	1:40 – 2:00
V.	Recovery Audit (HCPF Program Integrity)	2:00 – 2:50
VI.	Questions & Closing	2:50 – 3:00

leaders in dementia care
alzheimer's association

New certification program
for dementia care

Amelia Schafer, MS
Director of Professional Education

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leaders in dementia care
alzheimer's association
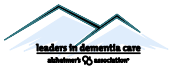
What is "Leaders in Dementia Care"?

• Alzheimer's Association Certification program for organizations
• Recognition for commitment to training; not an endorsement

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leaders in dementia care
alzheimer's association

History

• Colorado Alzheimer's Coordinating Council (CACC)
• Colorado State Alzheimer's Disease Plan
• Supported by the Colorado Department of Public Health and Environment
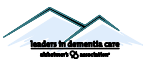
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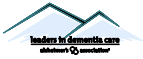
CACC Committee

- CHI facilitated: Providers, CHCA, CDPHE, AA, physician, HCPF
- Meetings for 6 months
- Assessed other states and training
- Designated number of hours, % of staff, and applicable trainers & topics
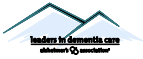
Who can become a leader?

- Any dementia care organization
  - In-Home Care
  - Hospice
  - Assisted Living
  - Nursing Home
  - Adult Day Centers
  - And more…

Who can become a leader?

- Requirements:
  - Train 75% of all staff
  - 8 hours of annual dementia training
  - Initial Topics: Basics, Communication, Reducing Agitation, Meaningful Interactions
  - Advanced Topics: Bathing, Sexuality, Families, Teamwork, and more
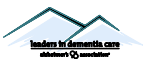
Why become a leader?

- ⬆ Quality care to clients/residents

- ⬆ Staff retention

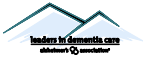•Identified on Alzheimer's Association referral lists and website; CDPHE website

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How do you become
a leader?

•Launch July 1st, 2012
•Download application & submit with supporting documentation
•Renew certification annually

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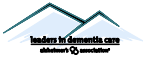_____

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Is there a cost?

•The certification is FREE!
•Organizations can do their own training
•Organizations can use other Alzheimer's training

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What kind of training counts?

- Classroom, online, video/DVD with discussion, Alzheimer's conferences
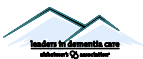- Instructor must use principles of adult learning

Alzheimer's Association Training

- 8-hour customized training $1500
  - Can be 1 day or several months
- Alzheimer's Learning Institute
  - Monthly classes
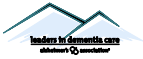- Annual Education Symposium
- Online training essentiALZ®

Are there similar dementia certification programs?

Frequently Asked Questions

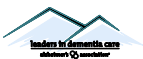1) My organization is not interested. Can I be certified as an individual?

Absolutely!

•Online certification for individuals

essentiALZ
alzheimer's association®

essentiALZ
advanced
alzheimer's association®

Frequently Asked Questions

2) The Alzheimer's Association doesn't have any professional classes or conferences in my area. How can our staff be trained?

•Training from their company

•Contract with the Alzheimer's Association for in-person or video teleconference

•Online certification for individuals

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alzheimer's association®
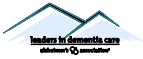
Frequently Asked Questions

3) Is there a benefit to being trained by the Alzheimer's Association instead of our own training?

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•No need to create curriculum
•No need to submit curriculum outline for approval
•No need to submit trainers credentials
•Documentation for class will already be submitted

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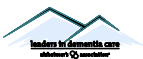
Frequently Asked Questions

4) If an organization is certified does that mean the Alzheimer's Association stands behind them as a quality place?

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•The Alzheimer's Association does not endorse any one organization over another.

•Certification shows commitment to training staff in dementia care.

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Questions?

amelia.schafer@alz.org   1-800-272-3900

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Recovery Audit Contractor Program

Agenda

- Introductions, the RAC Contractor
- Medicaid RAC Summary
- CGI
  - Audit Process Overview
  - Provider Assistance and Online Tools
  - Areas of Review
- Open Question and Answer

Introductions, the RAC Contractor

- CGI Federal, Inc. is a RAC contractor for the State of Colorado.

Medicaid RAC Summary

- The RAC Program is required by federal law:

  "Not later than December 31, 2010, the State shall---

  (i) establish a program under which the State contracts (consistent with State law and in the same manner as the Secretary enters into contracts with recovery audit contractors under section 1893(h), subject to such exceptions or requirements as the Secretary may require for purposes of this title or a particular State) with 1 or more recovery audit contractors for the purpose of identifying underpayments and overpayments and recouping overpayments under the State plan and under any waiver of the State plan with respect to all services for which payment is made to any entity under such plan or waiver."

- Patient Protection and Affordable Care Act section 6411(a)(1); 42 U.S.C. 1396a(a)(42)

CGI
Process Overview

1. Outreach and Provider Program Updates
2. Data Analysis to Select Cases
3. Data-only Review
4. Medical Record Request
5. Records Review
6. Exit Conference and Provider Education
7. Demand Letters
8. Informal Reconsideration or Appeal

Outreach and Provider Program Updates

- Provider organizations and associations will be educated on the audit process before audits begin
- Provider organizations and associations will be informed of the upcoming reviews before they begin
- There will be Medicaid bulletins, webinars, newsletters, new content on the Department's website and Provider group publications
- CGI provides a toll free number, available from 8 AM to 5 PM MT to answer provider inquiries about the Program.
- CGI provides the Colorado RAC Medicaid Web Portal for access to important Program information.

Data Analysis to Select Cases

- CGI receives all Department claims data
- CGI does a comprehensive data review using advanced analytics
- CGI identifies areas of review and makes recommendations to the Department
- The Department validates the audit methods and approves all projects

Data-only Review

- CGI will perform a data-only review (automated) when there is certainty that the service is not covered or is coded incorrectly and a written Medicaid policy or article, or a Medicaid-sanctioned coding guideline exists.
- Providers will receive a letter detailing :
- the patient/case at issue
- clear explanations with individualized rationales and detail finding for each case
- education information on the laws, policies, rules, etc.
- instructions on how to seek informal reconsideration or how to file a formal appeal
- payment instructions
- contact information the Provider may use for questions

- **Colorado RAC Letter:**
  Data-only Review Results Demand Letter

Medical Record Request

- By notifying CGI, Providers can select a specific contact for the receipt of CGI Medical Record Requests
- By notifying CGI, Providers can also select a secondary address used to send a courtesy notice to the CFO or other specified person
- **45 Days:** Records are due within 45 days from the date of Medical Record Request Letter
- CGI can grant reasonable extensions of time, if needed, to allow the provider to retrieve and send record requests
  - Requests need to be in writing and can be sent, via email, to the CGI's Medicaid Services Call Center, or mailed to CGI

- **Colorado RAC Letter:**
  Medical Record Request Letter

Records Review

- CGI will perform a records review (complex) where the requirements for a data-only review are not met, where the Contractor is unsure that the requirements for data-only review are met, and when directed to do so by the Department.
- Medical record review is performed by Registered Nurses (RNs) and Certified Coding Specialists
- Nurses use established Guidelines
- Coders use Coding Clinics and Guidelines
- If necessary (and where possible), there is a referral to a Colorado licensed and domiciled physician in active practice

- **Colorado RAC Letters:**
  - Records Review Results Demand Letter
  - We-Didn't-Find-Anything-Wrong Letter
  - Underpayment Letter

Exit Conference

- Exit conferences are optional and must be requested by the Provider.
- Requested exit conferences are held prior to the mailing a Demand Letter.
- CGI will host the conference and provide discussion on:
  - The findings
  - Documentation used to make the findings
  - Missing documentation that might change the result
  - The next steps in the review process
  - How to avoid making the errors in the future

- **Colorado RAC Letter:**
  Demand Letter (will contain Exit Results)
- **Colorado RAC Website Request Form:**
  Exit Conference Request

Demand Letters

- Based on the review that CGI performs of the Medical Record, a Demand Letter is issued.
- **60 Days:** CGI has 60 days from the receipt of the medical record to issue the Demand Letter.
- Providers will receive a letter detailing :
  - the patient/case at issue
  - clear explanations with individualized rationales and detail finding for each case
  - education information on the laws, policies, rules, etc.
  - instructions on how to seek informal reconsideration or how to file a formal appeal
  - payment instructions
  - contact information the Provider may use for questions

Demand Letters

- Accidental billing errors will be recalculated:
  - CGI will identify the dollar difference between how the claim was originally coded, and how it should have been coded, and will only demand repayment of the difference
  - In special circumstances, the provider may have to rebill the claims to allow for MMIS repricing.
- Willful or repeated violations may result in 100% recovery.

Colorado RAC Letter:
Records Review Results Demand Letter

Informal Reconsideration or Appeal

- Informal Reconsideration
  - **30 Days:** An Informal Reconsideration request must be requested in writing within 30 days of date of the Demand Letter.
  - New additional documentation, not already provided, must be submitted with the request.
  - The specific overpayments being challenged must be identified.
  - The reason for the request must be provided.

  45 Days: CGI will complete the reconsideration and issue a decision within 45 days.

Colorado RAC Letter:
Informal Reconsideration Results Letters
Colorado RAC Website Request Form:
Informal Reconsideration Request

Informal Reconsideration or Appeal

- Appeal
  - **30 Days:** Must be requested in writing within 30 days of the date of the original Demand Letter or Informal Reconsideration decision.
  - Instructions for submitting a formal appeal are included on all Demand Letters.

  There will be no recovery while a case is pending informal reconsideration or is on appeal.
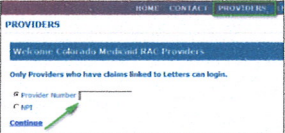
Provider Assistance and Online Tools

- Provider Services
  - CGI's provider services are an integral part of effective communication and assistance to the Provider Community.
  - Support Specialists are trained to quickly respond to provider requests.
  - A toll free 800 number is provided, along with email services. The services are available from 8 AM to 5 PM Mountain Time.

- Online Tools
  - CGI provides a Web Portal as an online tool to share information with providers and for Provider use to establish and update Provider contact information and view the progress of an audit.

Provider Assistance and Online Tools

- The Colorado Medicaid RAC Web Portal site address:
  http//COHCPF.CGICLEVE.COM

- Providers authenticate by clicking on the Providers link and entering their Medicare ID or NPI, and a Letter ID from within the date range listed.
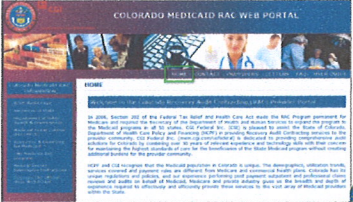

- Providers can access Address Maintenance, Claim Audit Status, and the Bulletin Board once authenticated on the website.

Provider Assistance and Online Tools

- A Bulletin Board is available for communicating important updates to the Provider community.
- Once authenticated to the website, click on the Home link to view the Bulletin Board.

Provider Assistance and Online Tools

- Providers can view the status of their RAC cases from the Claim Audit Status link.

- This link displays specific information regarding audits.

Provider Assistance and Online Tools

- Detailed information on cases is available from the Claim Audit Details link.

Provider Assistance and Online Tools

- Detailed information on cases is available from the Claim Audit Details link.

Areas of Review – Home Health

Medical Record Review

- COMPLETENESS OF RECORD
- o Medical Records will be reviewed for completeness, looking for several issues at the same time:
  - – Determine if services rendered are properly documented
  - – Reasonableness and medical necessity of services , based on diagnosis, physician orders, the Plan of Care, and OASIS.
  - – Compliance with State and Federal guidelines.
  - – Review only fee for service claims, not waiver services.
- o Examples of some issues to be reviewed:
  - – Frequency ordered matches the frequency of visits - for each discipline
  - – Signed orders and 485

Areas of Review – Home Health

Medical Record Review

- REVENUE CODE
- o Review to identify improper payments on claims submitted with a revenue code that is not listed as an allowable code from Appendix Q of the Colorado Provider Services Billing Manual.
- CORRECT BILLING ACUTE VS LONG TERM CARE
- o Review to identify claims where the acute care start and stop dates are greater than 60 days.
- DUAL ELIGIBILITY
- o Review to indentify claims where the beneficiary has primary coverage through Medicare.

Areas of Review – Home Health

Medical Record Review

- MEDICAL NECESSITY
- o Review to identify claims were the coding and documentation does not support medical necessity.
- CORRECT CODING
- o Review to identify claims where the coding does not appropriately reflect the services provided.
  - - For example, the correct type of discipline and episode billed

Contact Information

CGI

Call Center for CGI Medicaid RAC Colorado

Toll Free: 1-855-210-3438, Option 1

E-mail: rac.medicaid@cgifederal.com

Website: http://COHCPF.CGICLEVE.COM

Questions?